

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket Number	2000-92
		First Named Inventor	Eric Cheung
COMPLETE IF KNOWN			
<input checked="" type="checkbox"/> Declaration Submitted OR <input type="checkbox"/> Declaration submitted after Initial Filing	Application Number		
	Filing Date		
	Group Art Unit		
	Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor(if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method And System For Providing Communication Control Functionality At A Remotely Located Site Using A Distributed Feature Architecture

(Title of Invention)

the specification of which

is attached hereto

OR

was filed on _____ as United States Application Number or PCT International

Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations,§ 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of an application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) below.

Application Number(s)	Filing Date(MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto
		<input type="checkbox"/>

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231

Attorney Docket Number: 2000-0092

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number <i>(if applicable)</i>

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number

Place Customer Number Bar
Code Label here

OR

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
GONOVER, Michele L.	34962	DELACRUZ, Cedric G	36498
DWORETSKY, Samuel H.	27873	GARG, Rohini K	45272
SAACSON, Thomas M.	44166	LEE, Benjamin S.	42787
DEVY, Robert B.	28234	MCGAHAN, Susan E.	35948
MONKA, Gary H.	35290	NAVON, Jeffrey M	32711

I also appoint the following additional registered practitioner(s) named on the Registered Practitioner Information (Supplemental Sheet) (PTO/SB/02C modified by AT&T Corp.) attached hereto with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.

Direct all Correspondence to:

Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

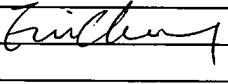
or Correspondence address below

NAME	Samuel H. Dworetsky				
ADDRESS	AT&T CORP. P.O. Box 4110				
CITY	Middletown	STATE	New Jersey	ZIP CODE	07748-4110
COUNTRY	United States of America				

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor

A petition has been filed for this unsigned inventor

Name	Eric Cheung		
Signature			
Citizenship	Canada		
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Address (line 3)	New York County		
Address (line 4)	New York		
Address (line 5)	USA		
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Additional Inventors are being named on the 1 separately numbered sheets attached hereto

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Attorney Docket Number: 2000-0092

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page _____ of _____
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Name: Mark Jeffrey Foladare

Signature: *Mark Jeffrey Foladare*

Date: 10/11/00

Citizenship: United States

Address (line 1): 15 Rebel Run Drive

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Address (line 4): New Jersey

Address (line 5): USA

Zip Code: 08816

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Name: Shelley B. Goldman

Signature: *Shelley B. Goldman*

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Citizenship: United States

Address (line 1): 9 Surrey Lane

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Address (line 3): Middlesex County

Address (line 4): New Jersey

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Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Name: James Christopher Ramming

Date:

Signature:

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Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Name:

Date:

Signature:

Citizenship:

Address (line 1):

Address (line 2):

Address (line 3):

Address (line 4):

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Zip Code:

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Attorney Docket Number: 2000-0092

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page _____ of _____

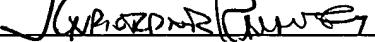
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor	
--	---	--

Name	Mark Jeffrey Foladare	
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Citizenship	United States	
Address (line 1)	15 Rebel Run Drive	
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Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor	
--	---	--

Name	Shelley B. Goldman	
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Address (line 5)	USA	
Zip Code	08816	

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor	
--	---	--

Name	James Christopher Ramming	
Signature		
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Address (line 1)	328 Cowper Street	
Address (line 2)	Palo Alto	
Address (line 3)	Santa Clara County	
Address (line 4)	California	
Address (line 5)	USA	
Zip Code	94301	

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor	
--	---	--

Name		
Signature		
Citizenship		
Address (line 1)		
Address (line 2)		
Address (line 3)		
Address (line 4)		
Address (line 5)		
Zip Code		

DECLARATION -- Supplemental Priority Data Sheet

Additional Foreign Applications:

Additional Provisional applications:

Application Number(s)	Filing Date(MM/DD/YYYY)

Additional U.S. applications:

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number <i>(if applicable)</i>

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

Attorney Docket Number: 2000-0092

DECLARATION		Registered Practitioner Information (Supplemental Sheet)	
Name	Registration Number	Name	Registration Number
RESTAINO, Thomas A.	33444	STEINMETZ, Alfred G.	22971

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